

New/ Updated Field	Field ID		RI Form Line Ref	Field Name	Byte Count		Edit and Instructions
				byte count	4	N	2748
				start of record	4	A	****
				Header Section			
	0000			Form ID	6		Value = "STbbbb"
	0001			Form Number	6		Value = "0001bb"
	0002			Page number	5		Value = "PG01b"
	0003		header, pg 1	TIN	9		Primary SSN
	0004			filler	1		
	0005			Form/Schedule number	7		value = "0000001"
	0010			State Code	2	A	Value = "RI"
	0011			City Code	2		No Entry
	0019			State-Only-Indicator	2	A	Value = "SO"
	0020			Dec Ctrl Num	14	N	Assigned by filer: Must be the same as reported on the IRS return.
	a			first two positions	2		value = "00"
	b			EFIN	6		
	c			batch number	3		000-999
	d			serial number	2		00-99
	e			year digit	1		value = "6"
	0023			Return Sequence Number	16	N	required
	a			ETIN	5		
	b			Trans use Field	2		
	c			Julian Date of tr	3		
	d			Trans Seq Field	2		01-99
	e			Seq Number of Ret	4		0001-9999
	0024			Direct Deposit Indicator	1	AN	value = "1" or "0" RI does not support direct debit
	0025			Reserved RTN Flag	1	N	
	0027			Direct Debit Date	8	N	No Entry - RI does not support direct debit
	0028			Direct Debit Amt	12	N	No Entry - RI does not support direct debit
	0030			Routing Transit No	9	N	
	0032			State RTN Indicator	1	N	
	0035			State Deposit Acct	17	N	
	0040			State Checking Acct	1	AN	Value = "X" or blank
	0048			State Savings Acct	1	AN	Value = "X" or blank
	0049			On-Line indicator	1	A	Value "O" = On-Line
	0050			State Numeric Area	27	AN	
	a	signature area p2		Preparer SSN or PTIN	9		IRS seq 1360
	b	signature area p2		Preparer EIN	9		IRS seq 1380
	c	signature area p2		Preparer ZIP	5		IRS seq 1410-5
	d	signature area p2		Preparer ZIP + 4	4		IRS seq 1410-4
	0052			State Alphanumeric Area	93	AN	
	a			State Acknowledgement System ID	5		ETIN
	b	signature area p2		Preparer Firm Name	35		
	c	signature area p2		Preparer Address	30		
	d	signature area p2		Preparer City	20		
	e	signature area p2		Preparer State	2		

	f		filler	1				
0055		header, pg 1	Spouse SSN	9	N	Required if married filing jointly. Must be blank for all other filing status entries		
0060		header, pg 1	Name Line 1	35	AN	Store the first 32 characters of the primary last name as they would appear in the federal record. The remaining 3 characters are used for the primary suffix (Jr., Sr., II etc.).		
0062			Date of Death - Primary	8	N	YYYYMMDD		
0065		header, pg 1	Name Line 2	35	AN	Used for secondary last name (32) ; Secondary suffix (3)		
0068			Date of Death - Spouse	8	N	YYYYMMDD		
0070		header, pg 1	Name Line 3	35	AN	Store the primary first name as it appears on federal record(16) Primary Middle Initial (1) Secondary first name (16);Secondary middle initial (1) blank filler (1). If MFS, no spouse name required		
0074			In C/O Address	35	AN			
0075		header, pg 1	Address Line 1	35	AN	Required: ADDRESS STANDARD Post office standards required. Same as federal return		
0077			Foreign Street Address	35	AN			
0080		header, pg 1	Address Line 2	35	AN			
0085		header, pg 1	City	22	A	Required, use post office standards. Same as on the federal return		
0087			Foreign City State or Province	35	AN			
0090			City Code	5		No Entry		
0095		header, pg 1	State Abbreviation	2	A	Use Postal Abbreviations		
0098			Foreign Country	22	A			
0100		header, pg 1	Zip Code	12	N	1st 5 digits must be a valid zip code for the state. Last 4 positions must be zero if not used		
0105			County	20	A	No Entry		
0110			County Code	5		No Entry		
0115		header, pg 1	Telephone Number	12	AN	###-###-####		
0120			Primary TP Signature	5	N	PIN use only		
0125			Spouse Signature	5	N	PIN use only		
0126			ERO EFIN/PIN	11	N			
0150		pg 1	Federal Filing Status	1	N	Required from Federal		
0155			Total Federal Exeptions	2	N	Required from Federal		
0160			Wages, Salaries & Tips	12	N	No Entry		
0165			Taxable Interest	12	N	No Entry		
0170			Tax Exempt Interest	12	N	No Entry		
0175			Dividends	12	N	No Entry		
0180			State Refund	12	N	No Entry		
0185			Taxable Social Security Benefits	12	N	No Entry		
0190			Keough Plan & SEP Benefit	12	N	No Entry		
0195		line 1 page 1	Adjusted gross Income	12	N	Required from Federal		
0200			Standard/Itemized Deductions	12	N	Required from Federal		
0205		line 43 pg 2	Earned Income Credit	12	N	Required from Federal		
0300			Alphanumeric Field 1	80	AN			
a			Software Developer Code	10		A code selected by the developer and placed in every record created using the Developer's software. For example XYZ Software Inc. might use "XYZ INC.". The code selected must be used for the entire year. The code will be verified during the editing process, The purpose of the code is to assist in detecting errors or problem returns		
b			Paid Preparer Name	31		IRS seq 1340		
c			Preparer Phone Number	10				
d			Non-Paid Preparer	13		IRS seq 1330		
e			Preparer State EIN	16		No Entry		
0305			Alphanumeric Field 2	80	AN			
a		page 1	Electoral Contribution	1		Value = "Y" or "N"		
b		page 1	Party Designation	10		If non-partisan box is marked then transmit "Non-Part"		
c		sch iv, pg 3 line 2	Olympic Contribution	1		Value = "Y" or "N"		
d		header, pg 1	City/Town of Legal Residence	22		must equal one of 39 listed in appendix		
e		signature area p2	mail forms next yr?	1		"x" = no		
f		line 40 pg 2	name of state paid	2				
g		line 8 pg 1	tax from table, or schedule D	1		Value "T"=Table tax table, "D" =RI Schedule d, "C" =RI-8615 "G"=RI capital Gain worksheet		

	h		signature area p2	contact preparer?	1		value = "Y" or "N"			
	I			Job Growth Act Mod - checkbox	1					
	j			Filler	40					
	0310			Alphanumeric Field 3	80	AN	Form RI-1040H Property Tax Relief Credit			
	a	H	1040H LINE 9A	primary date of birth	8		mmddyyyy (required if credit claimed)			
	b	H	1040H LINE 9B	spouse date of birth	8		mmddyyyy(required if MFJ)			
	c	H	1040H LINE 9C	disabled	1		value = "Y" or "N" (required if credit claimed)			
	d	H	1040H LINE 9D	persons in household	2		01-99 (required if credit claimed)			
	e	H	1040H LINE	landlord name	35					
	f			filler	26					
	0315			Alphanumeric Field 4	80	AN	Form RI-1040H Property Tax Relief Credit			
	a	H	1040H part 3	landlord address	35					
	b	H	1040H part 3	landlord city	22					
	c	H	1040H part 3	landlord state	2					
	d			filler	21					
	0320			Alphanumeric Field 5	80	AN				
	a	NONRES	line 13 pg 1	Allocated Income Tax - Check Box	1		Value "A"all income from RI,"N"=nonresident,"P"= part year resident			
	b	NONRES	line 13 page 5	allocation	6		percentage-- 4 positions after decimal, leading zero			
	c	NONRES	line 14 page 7	allocated	6		percentage-- 4 positions after decimal, leading zero			
	d		line 4 pg 1	deduction schedule indicator	1		65 or older, blind or spouse is 65 or older or blind			
	e		Line A pg 7	number of boxes checked	1					
	f			filler	65					
	0325			Alphanumeric Field 6	80	AN	No Entry			
	0330			Alphanumeric Field 7	80	AN	No Entry			
	350	NONRES	line 13 page 1	Allocated Income Tax - amt	12	N				
	355	NONRES	line 12 page 7 col A	modified RI agi	12	N				
	360	NONRES	line 13 page 11	allocated RI income for part year resident	12	N				
	365	NONRES	line 18 page 8	income taxed in other jurisdiction	12	N				
	370	NONRES	RI-1040NR line 18c page 1	non resident withholding real estate	12	N				
	375	NONRES	RI 1040NR line 18D	withholding from pass through entities	12	N				
	380		line 2 CGW	capital gains	12	N				
	385	Sch D	sch d line 2	federal Schedule D line 15 or line 16	12	N				
	390	Sch D	sch d line 3	federal form 4952, line 4g	12	N				
	395	Sch D	sch d line 5	combine federal schedule d	12	N	lines 7b and line 20 (if zero or less enter zero)			
	400	Sch D	sch d line 6	federal schedule d line 18	12	N	not less than zero			
	405	Sch D	sch d line 7	federal schedule d line 19	12	N				
	410		line 4 page 1	RI deduction amount	12	N				
	415	Ded Sch	line 1 sect b page 4	earned income plus \$250	12	N				
	420	Ded Sch	line 5b sect bpage 4	over 65 and/or blind calculation	12	N				
	425	Ded Sch	line 1 sect c pg 4	from federal schedule A	12	N				
	430	Ded Sch	line 2 sect c pg 4	from federal schedule A	12	N				
	435		line 6 pg 1	RI Exemption amount	12	N	if -0- transmit -0-			
	440		line 8A pg 1	Rhode Island Tax	12	N				
	445		line 9 pg 1	RI Alt-Min tax	12	N				
	450		line 11A pg 1	percentage of allowable federal cr	12	N				
	455		line 11C pg 1	Credit for taxes paid to another state	12	N	fields #550 & #555 & #305f must be populated if #460 is > 0			
	460		line 14 pg 1	Use Tax	12	N				
	465		line 16 pg 1	Check off contributions	12	N				
	470		line 18A pg 1	RI income tax withheld	12	N	should be total of all income tax withheld no matter what reporting source (W-2; 1099, etc)			
	475		Line 18B pg 1	Estimated payments	12	N	sum of all estimated payments from RI-1040ES and 2003 overpayment carried forward			
	480		line 18 c pg 1	property tax relief credit	12	N				
	485		line 18E pg 1	Other payments	12	N	includes amounts paid w/ RI-4868			
	490		line 19 pg 1	Balance Due	12	N	does not include 2210 amount			
	495		line 19 pg 1	2210 amount	12	N	do not include in amount in field #425			
	500		line 21 pg 1	refund	12	N	amount to be refunded...not overpayment			
	505		line 22 pg 1	carry forward	12	N				

510		line 23C pg 2	Total modifications increasing RI-AGI	12	N				
515		line 24C pg 2	Total modifications decreasing RI-AGI	12	N	should be a negative number (0000000-)			
520		line 27 pg 2	Foreign Tax Credit	12	N				
525		line 28 pg 2	Credit for child and dependent care	12	N				
530		line 29 pg 2	Credit for the elderly	12	N				
535		line 30 page 2	Federal Mortgage Interest (federal form 8396)	12	N				
540		line 31a pg 2	Federal Adoption Credit	12	N				
545		line 31b pg 2	Other Federal Credits	12	N				
550		line 36 pg 2	Adjust gross income from other state	12	N				
555		line 40 pg 2	tax due and paid to other state	12	N				
560		sch iv, pg 3 line 1	Drug Program Account	12	N				
565		sch iv, pg 3 line 3	RI organ transpant fund	12	N				
570		sch iv, pg 3 line 4	RI Council on the Arts	12	N				
575		sch iv, pg 3 line 5	RI nongame wildlife	12	N				
580		sch iv, pg 3 line 6	chldhood disease victims fund	12	N				
585		RI checkoff line 7 pg 3	RI Military Relief Fund						
590		line 9 pg 3	federal form 4972 line 30	12	N				
595		line 10 pg 3	federal form 8814 line 9	12	N				
600		line 11 pg 3	recapture of federal credits	12	N				
605		line 15 pg 3	federal form 8615 line 18	12	N				
610		line049 pg 2	RI refundable earned income credit	12	N				
615	H	1040H LINE 4	Social Security (including Medicare premiums) and Rail Retirement benefits not included in AGI	12	N				
620	H	1040H LINE 5	Workers Compensation and tax exempt pensions	12	N				
625	H	1040H LINE 2	Non Taxable interest and Dividends	12	N				
630	H	1040H LINE 3	Capital Gains not included in AGI	12	N				
635	H	1040H LINE 6	Cash Public Assistance	12	N				
640	H	1040H LINE 7	Other non-taxable income	12	N				
645	H	1040H LINE 8	total 2004 household income	12	N				
650	H	1040H LINE 10	Property Taxes paid	12	N				
655	H	1040H LINE 16	rent paid	12	N				
660	H	1040H TOTAL LINES 15 + 22	tentative credit	12	N				
665	RI-6251	Line 2 6251	Alt-Min Exemption	12	N				
670	RI-6251	line1 pg 6	federal Alt-Min form 6251 line 28	12	N				
675	RI-6251	line 5 page 6	Alt-Min foreign tax credit from 6251 line 32	12	N				
680	RI-6251	RI 6251 line 16	Amt from Sch D line 9 or CGW line 2	12	N				
685	RI-6251	RI 6251 line 17	Amt from Sch D line 7 or CDW -0-	12	N				
690	RI-6251	RI 6251 line 18B	Amt from Sch D line 4 or CGW line 2	12	N				
695	RI-6251	RI 6251 line 22	Amt from Sch d line 16 or CGW line 7	12	N				
700	RI-6251	RI 6251 line 32	smaller of line 30 or 31	12	N				
END of LAYOUT									